NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

XZW INCORPORATED

ACCOUNTS RECEIVABLE DEPT

P O BOX 1111

ANYWHERE NC 22222

	NUMBER 78XXXXX			REPORT SEQ. N	UMBER	17		DATE	12/06/ <u>1999</u>	PAGE	4	
NAME RECIPIENT ID	SERVICE DATES FROM TO MM DD CCYY MM DD CC	OR	EDURE/ACCOMMO CODE AND DESCI		TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	TION CODES
LAIMS PAYMENT SUMN	IARY											
	CLAIMS PAID	A PAID CLAIMS AMOUNT	B WITHHELD AMOUNT(*)	C NET PAY AMOUNT (A-B)	D CREDIT AMOUNT	-	E NET 1099 AMOUNT (C-D)	F IRS WITHHELD AMOUNT	G POS & EDI	H OTHER W/H	(1	I DJUSTED NET PAY C-F-G-H)
CURRENT PROCESSED	0	.00	.00	.00	.00		.00	.00	.00	.00		
EAR-TO-DATE TOTAL	2585	357000.00	11850.00	345150.00	5285.00		339865.00	.00	.00	.00		339865.
PLEASE VERIFY THE FOI NUMBERS ARE INCORRE	ECT, PLEASE SEND CO EDS PO BOX 3000	ORRECTIONS TO: 09 RTH CAROLINA 27		3.2 <u>.</u> 23	5							
THE FOLLO	WING IS A DESCRIPTION	ON OF THE EXPLAI	NATION CODES UT	ILIZED THROUGHO	UT THE REPO	RT						
112 CHEC	K AMOUNT REDUCED			Y. ASSESSMENT (OF 10% FOR A	GED (>30 D	AYS) BALANO	CE DUE (PRINCIP	AL ONLY)			
2254 ONE-	TIME PENALTY ADJUS					DAYS) BAL	ANCE DUE (F	PRINCIPAL, PENA	LTY & INTER	EST)		

NOTE: <u>Underlined</u> items are fields that were expanded in order to become Y2K compliant